

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3569AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2009
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK MEMORY CARE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 3351 N BUFFALO DRIVE LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual State Licensure conducted at your facility on 3/4/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 42 Residential Facility for Group beds for elderly and disabled person and/or persons with Alzheimer's disease. The census at the time of the survey was 39. Ten resident files were reviewed and 10 employee files were reviewed. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000	<p><i>Acceptable POC 3/18/09 PS/JS/HFST</i></p> <p>Y103 a) Employee #7 was given a TB skin test on 03/06/09 and it was read on 03/09/09 as positive 12mm. (Attachment #1) She was sent for a Chest X-Ray on 03/10/09 and it was read as "No active disease. Specifically there is no evidence of active tuberculosis." (Attachment #2) b) Employee #9 was in compliance with the surveyors. They did not delete this portion of the tag. On 09/24/08 employee was given a TB skin test and it was read on 09/26/08 as positive 7mm. (Attachment #3) Employee was sent for a Chest X-Ray on 09/30/08 and it was read as "No active disease. Specifically, there is no evidence of active tuberculosis." (Attachment #4) c) All employees will submit to a TB skin test prior to employment. Employees must show documented history of a positive TB skin test to be exempt from screening with skin tests prior to having a Chest X-Ray to rule out active TB. d) Health Care Coordinator and Administrator will monitor for compliance. e) 03/10/09</p> <p>RECEIVED MAR 18 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This RULE: is not met as evidenced by: Based on record review on 3/4/09, the facility	Y 103			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Heather Huo

EXECUTIVE DIRECTOR

03/18/09

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Y 103	Continued From Page 1 failed to ensure 2 of 10 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #7, #9). Severity: 2 Scope: 3			Y 103			
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. This RULE: is not met as evidenced by: Based on observation on 3/4/09, the facility failed to ensure 2 containers to store garbage in the kitchen were covered. Severity: 2 Scope: 1			Y 173	Y173 a) Garbage containers in the kitchen will remain covered, when not in use, at all times. Dietary employees have been instructed to keep the garbage containers covered. Dietary Supervisor and Administrator will monitor for compliance. b) 03/05/09		
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.			Y 251			

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Y 251	Continued From Page 2 This RULE: is not met as evidenced by: Based on observation, the facility failed to ensure perishable foods were refrigerated at a temperature of 40 degrees Fahrenheit or less. Findings include: On 3/4/09 in the morning, the lasagna stored in the reach-in refrigerator had a temperature of 46 degrees Fahrenheit. On 3/4/09 in the afternoon, the reach-in refrigerator had a temperature of 48 degrees Fahrenheit. Severity: 2 Scope: 3	Y 251	Y251 a) Refrigerator door gaskets have been ordered to ensure a tight seal and appropriate temperature in the reach-in refrigerator. b) Refrigerator temperatures will continue to be maintained on a daily basis. If the temperature falls below 40 degrees Fahrenheit the Maintenance Director will be notified and any necessary repairs or maintenance will be completed in a timely manner. c) Food will be cooled to the appropriate cooling temperature, before being covered and placed in the refrigerator. d) Dietary Supervisor and Administrator will monitor for compliance. e) 03/05/09	
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This RULE: is not met as evidenced by: Based on interview, the facility failed to ensure the smoke detectors were tested on a monthly basis. Findings include: On 3/4/09 at 3:45 PM, the Maintenance Director (Employee #9) indicated there was no actual monthly testing of the smoke detectors within the	Y 444	Y444 a) The facility smoke detectors status is monitored on a continuous basis, within the Fire Alarm Control Panel system. If a smoke detector is not working it will trigger a panel alarm. Monthly a print out of the smoke detector status testing will be completed and retained by the facility. On March 10, 2009 smoke detector status was tested and all were in "Normal" status, which indicated detector requires no maintenance. (Attachment #5 & #6) Maintenance Director and Administrator will monitor for compliance. b) 03/10/09	

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Y 444	Continued From Page 3	Y 444		
Y 991 SS=F	<p>facility.</p> <p>Severity: 2 Scope: 3</p> <p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This RULE: is not met as evidenced by:</p> <p>Based on observation, the facility failed to ensure all doors that may be used to exit the facility were equipped with audible alarms.</p> <p>Findings include:</p> <p>On 3/4/09 in the morning, 4 of 4 door alarms used to exit the facility into the courtyard were in the "off" position and did not emit an audible sound upon opening. When the door alarms were turned to the "on" position at approximately 10:00 am, the door alarms emitted only a slight squeak and buzz which was not able to be heard by caregivers.</p> <p>On 3/4/09, the doors used to exit the facility to the public way did not emit an audible alarm when opened by staff with a card key.</p> <p>Severity: 2 Scope: 3</p>	Y 991	<p>Y991</p> <p>a) New alarms have been installed on the 4 doors used to exit the facility into the courtyard. (Attachment #7) They are 110dB alarms and are activated when the door is opened. The alarms are set to active at all times. When the alarm is activated the Resident Assistants/ Med Tech's must physically key the alarm off and on to reset it. The Med Tech on duty ensures that the alarms are checked every 30 minutes for being "On". (Attachment #8) Med Tech and Administrator will monitor for compliance.</p> <p>b) The doors used to exit the facility, by Employees and Visitors, now have battery operated Door Chimes attached to them. When the door is opened the chime will sound. The Maintenance Director will check the low battery indicator and that the alarm is working properly on a weekly basis. The Maintenance Director and Administrator will monitor for compliance.</p> <p>c) 03/16/09</p>	

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Y 994	Continued From Page 4	Y 994		
Y 994 SS=D	<p>449.2756(1)(e) Alzheimer's fac knives</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.</p> <p>This RULE: is not met as evidenced by: Based on observation, the facility failed to ensure knives in the kitchen were not accessible to residents.</p> <p>Severity: 2 Scope: 1</p>	Y 994	<p>Y994</p> <p>a) The 2 (two) doors leading to the kitchen from the residential dining area have been equipped with automatic locking door hardware. The employees have to have a key to enter the kitchen and after opening the door the door is automatically locked, thus preventing anyone without a key gaining access to the kitchen where knives are stored.</p> <p>b) During meal service the kitchen door is open and the Dietary Employees will ensure that residents are not allowed in the kitchen. At the end of meal service the kitchen door is closed. The Dietary Employees and Administrator will monitor for compliance.</p> <p>b) 03/12/09</p>	

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